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Communications.

DISTORTION OF THE LEG FROM A BADLY UNITED FRACTURE—OPERATION AND RESULTS.

By H. M. Lilly, M. D.,

Of Fond du Lac, Wis.

Richard M., aged about 57. Broke his right leg four inches above the ankle-joint in August, 1867. In July, 1868, I was called upon to visit him and operate upon his leg for the relief of distortion. The lower fragment of the tibia deviated backwards and a little outwards thirty degrees from a straight line. The fibula was firmly united. The tibia was not soldily united. Firm pressure revealed a slight yielding at the point of fracture. The patient was chloroformed and a small incision made over the yielding point in the tibia. "Brainard's drill" was then carried down between the fragments and the callus was broken up by using the drill partly as a lever. The fracture was oblique, and the drill was also carried directly through the overlapping ends of the fragments:—one hole being drilled through in this manner. It was impossible to tell whether the fibula had been broken on a line with the tibial fracture or above or below that line. As it was perfectly solid it was thought to be as well to drill and fracture it on a line with the fracture of the tibia. A second puncture was accordingly made through the soft parts down to the fibula, and the bone was partially drilled through at two points very near to each other. I feared to carry the drill entirely through on account of the proximity of the peroneal artery. The tendon of achilles was now divided subcutaneously for the double purpose of obviating the shortening of the tendon, consequent upon the distortion, and of effectually preventing all traction upon the posterior portion of the lower fragments during the early stages of the treatment of the fracture. With my hands I now broke down the fibula by a sort of interstitial fracture,—the bone not entirely separating at the point drilled. The tibia readily yielded at the point of original fracture. The limb was brought straight and laid upon a board covered by a blanket.

A second bag was laid upon each side of the leg. On the anterior portion of the limb over the point of fracture a sand bag was laid,—as heavy as the patient could comfortably tolerate. The inequalities behind the leg had been filled in with compresses. The three punctures were each closed with a strip of adhesive plaster. Two long strips of adhesive plaster were also placed on the sides of the foot commencing below the malleoli and passing out respectively alongside the big toe and the little toe. The projecting ends were tied in a loop, and the plaster was secured to the foot by a bandage around the foot and ankle. A cord was fastened in the projecting loop of the plaster over the toes, and the cord passed over a pulley secured in the top of the foot-board of the bed. A weight was tied to the distal end of the cord, sufficient to counterbalance about three-fourths of the weight of the foot. This contrivance was for the purpose of obviating painful pressure upon the heel, and I can recommend it to the profession as being a contrivance that will effectually silence all complaints from their patients about their heels in all similar cases. This dressing having been completed, I left the patient in the care of the attending physician, with the understanding that I was to re-visit the case in a week. At the end of the week I found that the consecutive inflammation had been rather severe, but no ill consequences had supervened. The swelling had mostly subsided, the punctures had nearly healed, there having been only slight superficial suppuration about the punctures over the tibia and fibula. The limb was now carefully put up in splints, and for additional safety secured in a fracture box. Seven weeks after the operation I received a letter from the attending physician reporting that the patient had recovered with a limb that was "perfectly straight and sound," a result as much due to his own faithful care of the case as to the party performing the operation.

CASE OF POISONING WITH OPIUM.

By M. P. Barker, M. D.,
Of New Castle, Pa.

As belladonna and its alkaloid atropia, have been experimented with considerably for several years past, as an antidote to poisoning with opium, I have thought that it might not be inappropriate to add my testimony in its favor by reporting the following case.

Some time ago, a lady patient of mine, aged about forty-five years, consulted me about some hepatic trouble, for which I gave her the following prescription: R. Hyd. chlor. mite., ij. Pulv. rhei., ʒss. M. ft chart ij. S. one every six hours. The prescription was filled by a clerk who professed to be an experienced druggist. Happening to call at the drug store about two hours after I had written the prescription, he remarked to me, "that was a pretty large dose of opium you gave that lady." I replied that I had not prescribed opium. He examined the prescription, and found that he had made a mistake. I sent him as speedily as possible to see if she had taken it, but when he got there he ascertained that she had taken it nearly an hour before. As soon as he reported to me, I visited her as soon as possible, and found her getting sleepy, pupils contracted, etc.

I immediately gave her a large dose of sulph. zinc, which produced free emesis. I then commenced giving her fluid ext. belladonna, twenty drops every half hour.

In the meantime I kept her walking around to keep her awake. The pupils contracted down to a mere point, and in about six hours the stupor became so great that she could not be aroused. I then resorted to galvanism, and applied it so strong that I could not have held the wires for a moment, but still she slept. This was continued for some time, and until the pupils commenced to dilate; from that time I gradually reduced the quantity of belladonna, until the dilatation reached the proper size, when I discontinued it, feeling that she was safe, notwithstanding she continued to sleep for six or eight hours afterwards; she made a speedy recovery. I gave her in all one hundred and twenty drops of fluid ext. belladonna.

I think two things are fairly deducible from the above case, first, that we should have proper safeguards to protect both people and physicians from the carelessness of druggists, and inexperience of those who aspire to stand at the prescription stand, before they are competent. On this point I might add, that a man called at a drug store; he found the store in charge of the daughter of the druggist. He asked for some powdered ipecac, as he wished to give his child an emetic. She waited on him and gave him, as he and she supposed, the article he called for; he went home, administered a small dose, as it did not vomit he gave a larger and still larger dose until he finally gave it a tablespoonful. Becoming alarmed he sent for me, but when I got there it was in *articulo mortis*. I examined the medicine and found it to be Dover's powder.

Second, that belladonna is an antidote to poisoning with opium when resorted to soon enough, as I have no doubt my patient would have died without it.

REPEATED DISLOCATION OF THE HEAD OF THE HUMERUS.

By H. C. Allen, M. D.,
Of Benton, Mo.

In the Reporter of the second of January, your correspondent, Dr. "M. H. D," says he had lately reduced a dislocation of the shoulder-joint, which had been dislocated three times before; twice backward and upward, and once downward into the axilla, and the fourth, the one reduced by him, was in the axilla also; that the last two dislocations were produced by simply raising the arm suddenly. He then asks if there is no apparatus which can be applied to the shoulder, to prevent the dislocation again, especially downward.

There can be an apparatus made which will hold the head of the humerus in its place securely. I speak from experience. On the 6th of August, 1867, I was called to see a Mr. W., in Washtenow county, Mich., where I then lived, aged about sixty-five; tall and of rather slender frame, feeble constitution, of scrofulous and tuberculous character, subject occasionally to epileptiform spasms, or convulsions at night. He had, about a week before calling me, one of these attacks at night. After it passed off, he complained of pain in the right shoulder, but not so much as to attract particular notice. The next morning the pain was quite severe, the shoulder quite badly swollen, and he had considerable fever. He sent for Dr. G., my nearest medical neighbor. The Doctor went to see him; found him in a high fever; the shoulder very much swollen all around, and very much congested. The Doctor diagnosed rheumatism, and prescribed accordingly, and with other things,

the tincture of colchicum. He visited the patient a few times, finding him in about the same condition every time, and then became a little negligent, and I was sent for. I visited him immediately. Found him very much distressed and prostrated by the colchicum; shoulder very much swollen and congested; fever not very high. I supposed the case was that of rheumatism also; and to meet the immediate necessities of the case, produced by the colchicum, ordered morphine and stimulants; by morning his condition was much more satisfactory. Ordered nitrate, acetate, and bicarbonate of potassa to be given. I continued to visit him until the 14th of the month, when he had gotten rid of all fever, was able to be up most of the time, and had pretty good appetite. The shoulder was still badly swollen, but of nearly natural color. Ordered the shoulder to be frequently rubbed with iodine and turpentine linaments, and left him.

On the 8th of September he called at my office. Upon examing his shoulder, which I did because he could not use his hand or arm, only to a limited extent, I found the swelling entirely gone, except a tumefaction just under and back of the neck of the scapula.

The deltoid muscle appeared to have shrunk entirely away. But upon a very slight examination by the taxis, the tumefaction proved to be the head of the humerus, and therefore out of its place.

He returned home with the understanding that I would visit him the next day, with Dr. G. to assist me, and reduce the dislocation, if possible. We went, according to promise, and without the use of chloroform, which we dared not give him, on account of the diseased condition of his lungs, by traction and manipulation readily reduced it, and bandaged and stayed it securely, as we hoped, yet fearing that it might slip again, as the head of the humerus did not fit up snugly under the acromion process.

I visited him again two days after; found that dislocation had taken place again. With the assistance of two neighboring farmers, reduced it again, and before we could do anything towards *fixing* it, it slipped again. I reduced it, and it slipped back twice more before I succeeded in confining it to its place. I did so, however, at last, and left him, first taking his measure for a jacket. On arriving at home, I went to a tailor's shop and had a pattern cut to fit the measure. I took this to a harness hop, and had two pieces of stout harness-leather cut,—a front and back one, to fit around and over the right shoulder; each piece extending only to the middle line of the body behind and before; had three straps sewed on to the back piece, long enough to go around the other side of the body, to the front piece, on which three buckles were sewed to match. The two pieces were sewed together, leaving an arm-hole. On the back-side of the arm-hole, and under the jacket, from the top of the shoulder to the centre, under the axilla, was sewed a firm leathern pad or roll, made to fit the curve of the arm-hole; just behind the head of the humerus, up to which the pad was made to fit snugly, there was a strap, three-quarters of an inch wide, sewed, and this was brought across the head of the humerus, or a little below, diagonally downward in front, and there secured by buckling; another was sewed on, about two and a half inches below the first, back of the arm, and brought diagonally across the arm upward, and secured by a buckle.

The next day I took it down; found that dislocation had occurred again; reduced it, and applied the jacket, by slipping the arm through the arm hole, and then buckling the straps which went around the body. This brought it up snugly and tightly around the shoulder, and then buckled the two straps across the arm near the head of the humerus, and it was made fast; no other apparatus was necessary. At first the straps across the arm were made a little too tight, which caused the wound to swell; but on slackening them a whole or two, the circulation was restored.

The jacket was worn for about six weeks, and then entirely removed. The dislocation has not occurred since, or had not up to the 20th of September last, when I left that county and State.

If your correspondent, "M. H. D.," will have a similar jacket made, with his pad to extend from the top of the arm-hole, behind, down and around under the axilla, and half way up in front, and cause his patient to wear it for one or two months, until the ruptures made by the dislocation are healed, and restored to their normal condition, he will accomplish his purpose.

I will remark, that in our diagnosis of this case, we were doubtless in error. That the case was one of spontaneous dislocation from the first, occurring during the convulsion which he had at the beginning, and not rheumatism, as we supposed.

There having been nothing done by the patient to cause a dislocation, and nothing having happened to him, in the shape of shock, to give rise to even a suspicion, that a dislocation had happened, and the shoulder being so much swollen

as to conceal the tumefaction, which the head of the humerus would cause in that form of dislocation, and the whole shoulder being very much congested, and the general fever with which the patient was suffering, all tended to and led us into the error of diagnosing rheumatism.

If we had had the least suspicion of a dislocation, we should have resorted to measurement, and would, at once, have discovered the truth.

For me it was a lesson, which will not soon be forgotten; and I have been the more careful to give the particulars of the case, that others might be more guarded, if they should ever meet with a similar case.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from p. 128.)

VII. Instrumental Diagnosis of Diseases of the Functions of Refraction and Accommodation.

Having shown how the various sorts of foci are formed, we are now prepared to understand how images are formed, for the image of an object is nothing more than the aggregate of images of its separate parts, and as the foci where these little images are formed are either real or virtual, so must their aggregate, or the image of the whole object, be real or virtual.

The media of the eye act in the same manner as lenses in the refraction of light, the chief of which are the cornea and the crystalline lens, which have conjointly the action of a convex lens. The media intervening between these are so nearly alike in their indices of refraction, that little influence is exercised upon rays of light after traversing them. The largest amount of refraction is produced at the anterior surface of the cornea, from the great difference in densities of the corneal tissue and the air. The rays may then be practically supposed to undergo little other deviation until they arrive at the crystalline lens, where a further convergence is effected, the emergent rays afterward passing unchanged in direction to the retina. The refractive power of the normal cornea is such that parallel rays would be focused five lines behind the retina, but in passing through the crystalline lens an additional degree of refraction is impressed upon the rays, by which they find their focus immediately upon the inner surface of the bacillary layer of the retina, and distinct vision is the consequence.

The refractive surfaces of the cornea and crystalline are not spherical, but are sections of the allipsoide, except the posterior face of the latter, which represents a paraboloid curve. As the axes of these geometrical figures are unequal, the curvatures of their surfaces must also be unequal, and, therefore, unequal refraction in their different meridians result, and necessarily dispersion circles be formed; though this does actually occur, yet from the cutting off of the peripheral rays by the contraction of the iris, and the small central space of the lens through which only the rays pass and are refracted, the circles of dispersion are not sufficiently large to interfere with distinct vision.

We have now examined into the first part of the inquiry set afoot as to how the the crystalline lens and refractive media form images, and we shall now enter the second part, as to the nature of the processes for modifying the influence of these parts upon the rays, that the images formed by them may always be formed upon the retina, whatever the distance of the objects which form them. That the object is accomplished by the action of the ciliary muscle upon the elastic lens, there can now, since the exact observations of Cramer and Helmholtz, be no doubt, but the exact mode in which it is done is yet an open question. As we have already shown, there is little difficulty, after a careful examination of the optical constituent of the eye, how the images are formed by the refractive media, of which the principal are the surfaces of the cornea and crystalline lens. The adjacent structures through which the light passes being so nearly alike in their indices of refraction, that for all practical purposes the parts intervening between these surfaces may be considered as homogeneous, and as transmitting the light in almost straight lines.

This power which the eye possesses of clearly distinguishing objects at different distances is called the function of *accommodation*. It is a physiological action by which the focal point is changed in its position forward or backward, according as the object is brought nearer or removed farther from the eye. The extent to which this function can be exercised is called the *range of accommodation*, and is limited, on the one hand, by the nearest point at which an object can be distinctly seen (called the *near point* of distinct vision, or *punctum proximum*,) and on the other hand, by that remote point (the *far point* of distinct vision, or *punctum remotissimum*,) at which objects are indistinct.

Cramer and Helmholtz have determined, by

a series of beautiful and exact experiments, that this power of altering the focal adjustment is due exclusively to the action of the ciliary muscle upon the elasticity of the lens, changing markedly the curvature of its anterior surface, and to a less degree that of its posterior face also. Further research is yet required to determine exactly how this action is exercised. It has been supposed that the lens, in virtue of the elasticity of its capsule, has the power of contracting its diameters when the action of the ciliary muscle has been exerted in stretching the choroid and retina, and thus overcoming the influence of the zonula, which is the supposed agent in keeping the lens flattened out. Another explanation suggests that the ciliary muscle and iris press upon the border of the lens, relaxing the zonula, and increasing thereby the anterior convexity. But the share taken by the iris in accommodation must be inconsiderable, inasmuch as the function has been found unimpaired in cases of congenital defect of this muscle, or where it has been accidentally torn away.

Although all the evidence tends to establish that the ciliary muscle is the principal agent in effecting accommodation, yet there are important associated actions of the surrounding parts in exercise, for the iris projects centrally, and is retracted circumferentially, while the pupil contracts in viewing near objects, and thus cuts off the peripheral rays, which require the greatest degree of refraction. The simultaneous contraction of the two internal recti muscles brings the axes of the two eyes in the most favorable position for fixing objects of vision, and thus concur with the function of accommodation.

The influence of the tonic contraction of the ciliary muscle upon the convexity of the lens in perfect relaxation of accommodation, is made evident by the influence of atropia, which completely paralyzes the muscle, and reduces the crystalline to that perfect passive state that it is a perfect analogue with an ordinary lens, so that the ordinary amount of refraction of a normally acting eye is often greatly diminished, so that the far point is then *absolute*, and more removed than the apparent far point.

Micro-Chemistry: Metals in Drinking Water.

A late number of the *Philosophical Magazine* contains a new method of measuring minute traces of lead and other metals in drinking water. It is capable of measuring units of metal in 100,000,000 parts of water, and is the work of Professor Wanklyn and Mr. Chapman.

A CASE OF LONG STANDING EPILEPSY, CURED BY AN EXTENSIVE BURN.

By John C. Pearson, M. D.,
Of Urbana, Illinois.

In the month of January, 1864, I was called on, in great haste, one bitterly cold morning about day-break to go to see Joseph Garing, a German, who had had an epileptic fit and fallen in the fire, burning himself severely.

I found my patient in the most excruciating agony. He had, upon arising in the morning, stirred up a large bed of live coals in an extensive old-fashioned fire place and fallen into them in a fit; and, being alone in the room at the time was dreadfully burned in the hands, arms, face, neck, breast and head before assistance fortunately happened to come in.

I administered opium and stimulants freely, and dressed the whole burnt surface with a liniment composed of lime water and linseed oil. But regarding the treatment I shall say but little, my sole object in writing this communication being to relate this result—the ultimate result after recovery of the burn. Five weeks elapsed before the entire burnt surface had healed, during which time it was dressed daily. It suppurated during this period most profusely, and the fetor arising from it was almost insupportable—indeed the stench arising from it was so great as to cause some curious individuals, who came to see it, to precipitately leave the house to "heave up Jonah" as one fellow expressed the act of vomiting in not very refined language.

My patient, Joseph Garing, at that time about forty years of age, had been the subject of epileptic convulsions from early boyhood, rarely going the lapse of two or three months without the recurrence of a fit, and sometimes having one every few days for a while. This was the case anterior to the burning; but since that great and—as the sequel has proved—*fortunate* event in his life, *he has not, up to the present time, experienced the slightest symptom of an epileptic spasm!* Four years have passed away, and not a single fit has returned, whereas prior to the reception of the burn every few days would, sometimes, witness a hideous paroxysm of the dreadful disease.

Now of the reader I would ask the question, what was it that caused this permanent cure of a disease of thirty years standing or longer? Evidently the burn in some way was the therapeutic agent, but what was the *rationale* of its action? Was the burn *directly* the cause of the

cure by the shock it induced upon the system, or *indirectly* the cause by the excessive and long-continued suppuration it produced? This was a case of long standing, and one that had resisted every mode of treatment brought to bear against it, when, fortunately for the subject of it he fell into the fire, burnt himself severely, and was thereby permanently cured.

Anterior to my personal experience of this case I had heard or read somewhere, I think, that a severe burn had been known to effect a cure of epilepsy, but gave no credence to the assertion. Now, however, I can say that the case herein related has caused me to change my opinion. The burn evidently and doubtless was, in some way, the cause of the cessation of paroxysms, for subsequently to its reception, my patient has had no medication whatever.

In conclusion, I will state that prior to the receiving of the burn, Garing would occasionally indulge in the free use of spirituous liquors, which indulgence was invariably followed by a severe epileptic fit, but now he can get as drunk as Bacchus without the least symptoms of any such result. This fact he regards as the crucial test, and is glad that he was burned.

Editorial Department.

Periscope.

Something about Diphtheritis.

By Dr. Buhl. Translated from the German by Dr. Pflaum.

The writer speaks first about the difficulty of the clinical diagnosis of diphtheritis. Not every grey or yellowish spot visible on the structures of the throat is of diphtheritic nature. Also simple catarrh produces yellowish or grey specks; and these are also the most frequent, so that when they are found, catarrh is oftener to be suspected than diphtheritis. The other symptoms, viz., the want of a preceding cold, the sudden and immediate violent attack, the higher temperature of the body, the accelerated pulse, the want of appetite, the considerable prostration, the pain in the muscles, those of the lumbar spine especially, on the other hand, the indolence, or at least the smaller amount of painfulness of the affected cervical organs, want of difficulty in swallowing, do give certain indications for the diagnosis of diphtheritis, but are not reliable enough. Even when only tumefaction or redness in the fauces is perceptible, the writer does not think that the diagnosis can be made correctly either way.

Nothing certain can be concluded from the presence of plaques, regarding their color; but form and situation are more essential. The catarrhal specks are more roundish, small, glistening, have not a sharp edge, are especially located on the entrance to sacculated cavities of the tonsils, do, at the least, not project over them, but are rarely situated on the arch of the palate, can only be taken up with the pincette as little lumps and not as membranes, and show, under the microscope, only mucous and pus corpuscles enfarced in mucus. The parts surrounding the specks are without any characteristic; they are, in diphtheritis as well as in catarrh, tumefied, red, and covered with tenacious mucus. The whole catarrhal process is confined only to the surface; it is indicated by an increased formation of mucus and pus, and neither the epithelium nor the mucous tissue seem to be impinged upon in any way.

Diphtheritis, on the other hand, evinces larger specks and streaks, sharply defined, which are located especially on the soft palate, the uvula, and the tonsils, between the fundus of the tongue and the epiglottis, on the back wall of the fauces, and in the nasal cavities, as also on the root of the tongue, only of very little lustre, and of scaly appearance; they can be taken up only with difficulty, especially so on the first day of their formation. They consist of pavement epithelium of older and newer conformation, mixed with pus and mucus, which epithelium has entered into a special change, namely, according to E. Wagner's experiments, the epithelial cells first enlarge, and then in their individual parts, as well as in their whole substance, they enter into a kind of fibrinous change, which goes on to the nucleus; in this change they present a lucid, homogeneous, glistening network, in which, here and there, some pus corpuscles are visible. Finally, the nucleus also disappears in the fibrinous metamorphose.

In cases where the author succeeded to take up such epithelium, or where it was removed by itself or in some other way, he observed beneath it either the smooth, injected mucous membrane, frequently broken through by hemorrhages or by losses of its substance with bleeding caused by the removal of the epithelium, which in their turn generated yellowish specks. In such a case there have remained parts of the mucous membrane and blood corpuscles on the removed epithelial membrane. The parts of the mucous membrane show, examined with the microscope,

a dense infiltration of small, seldom somewhat oval, single nuclei, which are easily to be distinguished from the double nuclei of pus corpuscles.

But these characteristics are not always defined enough for the admission of a diagnosis of the diphtheritic specks against such of a different kind, as their histological characteristic is very often effaced by the fungus which always is present in diphtheritis, invades and breaks through the epithelial layer of the mucous membrane, and, in the opinion of the writer, attributes a great deal to the size, grey color, sharp contour, the dim lustre, and the membranous structure of the plaques, the elements of the fungi being so small that they are very easily taken for the nuclei of a tissue undergoing decay. But the writer does not say whether the fungus is peculiar in its kind and essential for the diphtheritis, or whether it is the leptothrix buccalis, which is commonly found in the mucus of the mouth.

If by the aid of the microscope nothing can be found, and, in consequence, the diagnosis of the yellow specks remains doubtful, the author lays much stress upon that in diphtheritis, at least in the severer cases, the cervical lymphatic glands are enlarged and sometimes painful, and that they generate œdema in the surrounding parts, which symptoms are neither present in catarrh or in croup.

Besides, there are cases in which the disease does not attack the throat, but the lower part of the larynx or the trachea, where the diagnosis is impossible.

The writer is of the opinion that diphtheritis is originally not a local affection, but a general disease. According to him, the essential part of the process is not confined to the epithelium, but to the mucous membrane itself, which appears bloated and swollen, now darkly injected, broken through by hemorrhages, then just the contrary, pallid, bloodless, and very brittle. Frequently, but not always, a necrotizing process is at work on the mucous membrane. But this necrosis is always preceded by a developing exuberant increase of the nuclei of the cystoid elements of the tissue of the mucous membrane, which the nearer to the surface the more considerable, and *vice versa*. Toward the surface, the structure almost entirely consists of a densely crowded mass of glistening, roundish, small, single nuclei, between which hardly any fibres of the mucous membrane can be distinguished. Toward the deeper-seated parts and on the border of such masses, it looks more lucid, the nuclei stand more step-like together, gradually less and less crowded, and more symmetrically arranged; it is perceptible that they are singly, or from one to six in number, enveloped in some protoplasm, the products of which, the writer declares for cystoid bodies, whose origin from connective tissue bodies cannot be recognized. This exuberant increase of nuclei and cystoid bodies of the connective tissue, and specially of that of the mucous membrane, the writer looks upon to be the essential and characteristic of the diphtheritic affection, and denominates it "diphtheritic infiltration." It is always present in the infected mucous membrane, but is also present in a great number of other mucous membranes not infected with diphtheritic plaques, a proof that diphtheritis is a general disease. It also shows, histologically considered, the greatest analogy with the infiltration of other infective diseases, for example, of general syphilis. The same is also to be found in the nerve sheaths of those nerves paralyzed by diphtheritis, and consequently to be considered in the cause of the different palsies.

From this general disease, characterized by the diphtheritic infiltration, the writer wants to part the local acute process connected with necrosis, which he had also considered as diphtheritis before the discovery of the diphtheritic infiltration. He proposes to call it "acute crastration (acute verschorfung)" or "acute tissue necrosis."

Good and Bad Teeth.

In one of the scientific almanacs of Great Britain for this year, we find the following article.

The best advice to those who wish to preserve a sound set of teeth to old age (a most important aid to general health) is that they should be carefully brushed and thoroughly cleaned *after* every meal, and particularly on going to bed at night—surely a far more reasonable practice than rising, when the mouth should be fresh and sweet in a healthy state, a luxury which we fancy is but seldom enjoyed by the smoking and grog drinking gentry of the present day.

Still, either for want of care, or perhaps sometimes in spite of care, toothache is to great numbers of people one of the most vexatious among the minor scourges of life, and no disease of a simple nature so completely mocks the efforts of the profession and the quacks, and baffles all their vaunted remedies and specifics. The art of dentistry has of late made an immense stride by the general introduction of nitrous oxide as an anæsthetic. That this will prove successful in

relieving the hitherto frightful pain of tooth extraction is, we believe, almost beyond a doubt, and there seems every reason to believe that it will prove a safe application as well as an effectual one. Extraction, however, is not an advisable course to pursue, except those which are, of course, better out than in, and it is often practised in cases which render it completely absurd. To our damp and variable climate is doubtless due much of the prevalent neuralgia of the country, and a cold in the face, to which some people are especially liable, is also to be traced to the same cause. The homœopathists, we believe, have had considerable success in the treatment of that form of the latter which is characterized by soreness and inflammation, by the administration of mercurius vivus, of course in dilution. Of this, however, we know but little, but we are confident of the value, in cases of every kind, of the following dose in two pills, at least, as preparatory to the cure:

℞. Pil. hydrarg., gr. v.
Pil. rhei co., gr. v.
Ext. belladonnæ, gr. 1-8.

In cases of colds in the face, the old-fashioned application of a "pepper plaster" has almost invariably a soothing effect, though its success is unfortunately attended with but little profit to the druggist. It consists merely of a piece of brown paper almost as large as the cheek, soaked in vinegar, and well sprinkled with pepper, secured over the face during the night.

Neuralgia is to some extent independent of the teeth, though where these are perfect, its visits are not near so probable, nor so frequent. There are two forms of this wearying complaint, which are totally distinct, and yet which are frequently confounded. One, and this is we are convinced by far the most common, is the pain resulting from some trifling cause, or perhaps directly traceable to none, when the nervous system is in a state of more or less complete prostration, and when the manifestations of this debility are chiefly in the facial extremities. In cases of this kind *opium* and all its preparations should be most carefully avoided, and a purely tonic treatment is required. Quinine is not by any means the best tonic we possess, and in these cases is far inferior to iron—especially the sulphate. But in neuralgia proper—that is, in its intermittent form—quinine unquestionably ranks first, not, be it understood, from its tonic virtue, which is, as we have said, inferior to that of many other medicines, but from its special property as an anti-intermittent. In such cases as these, indeed, pure tonics—iron, for example—have little or no effect, while next to quinine, arsenic is perhaps the best remedy, and this has no tonic value whatever. One or two drops of Fowler's solution given alternately with one or two grains of quinine, at rather frequent intervals, is often very efficacious, though we need not say that the utmost care is necessary to guard against an overdose of such a poison as arsenic.

We have made these remarks because we regard the treatment of toothache and neuralgic affections as a tolerably fair portion of a druggist's practice at the counter. It is generally a most extensive portion, and we need hardly say that a man who can acquire the reputation of being able to cure the toothache is a man who must command esteem. The experience of an intelligent chemist will be sure to have led him to know much about these complaints, but it may be that the hints we have thrown out above may add an idea to some who wish to be as successful as possible even in their transgressions of etiquette, and while the writer deprecates most strongly the unauthorized assumption of general duties by those who have not dared, or at least, have not chosen to submit their abilities to a fair test, such as is prescribed by the law of the land, but have relied on their own natural "unerring instinct" in the treatment of all sorts of diseases, he is still slightly tempted to regard these minor complaints somewhat as the public does—viz., fairly in the province of the chemist and druggist.

In addition to the above remarks, we have been favored with the following, from a practical dentist of great experience, and, though his opinions somewhat conflict with our own in one or two instances, we gladly insert them for the sake of their presumptive value. First of all a very important point to remember is that the teeth should always be cleaned with warm or tepid water, or, better still, with cool tea, the tannin of which exerts its useful astringent properties on the gums. The *rationale* of this observation is that the enamel, being mechanically brittle and usually warm, the sudden application of cold water to this is very liable to cause it to crack—a condition which is very frequently met with.

Real cases of neuralgia are much more rare than is generally supposed. A disease which is frequently mistaken for it is what is technically known as *exostosis*—that is, a particular granular enlargement of the fangs. This state is usually met with about the spring and fall of the year, and is the occasion of the violent pains in the nerve-centres, shooting from the temples to the

neck, which are generally, like neuralgia proper, intermittent in their attack. Sound and decayed teeth are equally liable to this condition, and nothing but extraction or patience can be of any effectual aid in removing such a disorder.

Inflammation of the periosteum is one of the most general causes of toothache, and is a usual consequence of cold. The periosteum is the fine membrane covering the fangs of the teeth, is highly organized, and is, therefore, exceedingly sensitive. To abate this inflammation a small dose of mercurial pill, with not more than the eighth of a grain of extract of belladonna, should be given night and morning. Warm fomentations ought to be frequently applied, and every care taken to prevent the further influence of cold. In many cases a leech on the gum will will very readily relieve this form of toothache.

Speaking very exactly, toothache is an inflamed state of the central nerve of the tooth. As a rule, it may be considered impossible for this nerve, or the pulp of the tooth—that is, its main portion—to become affected in this manner until after the enamel has been partially or entirely removed. The best application in such cases is, after thoroughly cleansing the hollow with a small piece of cotton, and afterward disinfecting with creosote, to plug with a pellet of wool soaked in a saturated solution of gum benzoin and tannin in chloroform. The well known Bunter's Nervine appears to be something similar to this solution.

In the management of the teeth, too great prominence cannot be given to perfect cleanliness. All foreign particles should be carefully removed after meals by the use of a tooth-brush, or, where this is not sufficient, a tooth-pick, made of soft wood, is admissible; but those formed of metallic or other hard substances should be avoided. A saponaceous tooth-powder is the most serviceable, if any be employed. The dentist should be as conservative as possible; extraction is seldom necessary if he be skilled in his art; exostosis and abscess at the fang being, however, diseases which imperatively require this to be resorted to.

Digitalis in Acute Rheumatism.

Digitalis has been employed in rheumatism by M. Hirtz and M. Oulmont. Both agree that under its use the pulse and temperature fall, the former more rapidly. Ten to fifteen grains of the powder in infusion were given every hour, till sickness or purging occurred. Attacks of acute rheumatism were ended usually on the twelfth or fifteenth day; sometimes on the fifth or sixth. Digitalis, these authors think, acts upon the febrile element, but not upon the rheumatismal element (whatever they may be). It is useless against relapses. In none of the cases treated did cardiac or other complications occur.

Development of Red Blood-corpuscles in the Marrow.

Professor E. Neumann contributed an article on this subject, at the meeting of the Königsberg Medical Society, held October 13th, 1868.—(*Allegem. Med. Central-Zeitung*, No. 99, 1868.)

The change of colorless into colored blood corpuscles, as a normal process, has hitherto only been observed with certainty in the fœtal state; nucleated, colored cells there appear in the blood in the stage of transition.

With regard to the origin of red corpuscles after birth, we have little beside the statements of Kölliker, who found them in the stage of transition in the system, its veins, and in hepatic blood of new-born mammals; a few pathological cases are also recorded. Yet it requires no argument to prove that the formation of red corpuscles must continue after birth, in order to meet the wants of a growing body, to replace those consumed in vital processes, and not infrequently to supply the place of vast numbers lost by hæmorrhages. Neumann believes that his researches enable him to point out an organ in which the different steps of transition from white to red corpuscles take place throughout the whole of life, and he, therefore, regards it as the true seat of the development of red blood-corpuscles. This organ consists of the bones, and specially their marrow.

In that variety called "red marrow," we find as principal constituent small cells, which resemble lymph corpuscles, and are imbedded in a mucid intercellular substance; they are entangled in a reticulum, similar to that found in the spleen and lymphatic glands, and, according to different observers, they exhibit amœboid contractile movements, analogous to those of the white blood-corpuscles, in cold as well as warm blooded animals.

The capillaries of the red marrow are remarkable from their number and diameter. Within them a large quantity of colorless cells, and nucleated colored cells may be found. The latter are in abundance in youth, not so abundant in old age, but even in an individual 80 years old they were not found to be absent.

To explain the accumulation of the colorless corpuscles we have two possibilities; either they are thrown in by the arterial current, and there

accumulate because of the diminished rapidity of circulation in the wider capillaries, or they are marrow-cells which have immigrated into the vessels from the medullary tissue.

In support of the latter theory, we find that this accumulation is only to be observed in red marrow, and not in the yellow or fatty variety, thus pointing to the medullary tissue as the source of supply; furthermore, it is very probable that the marrow cells are continually being developed, and that their increase would finally lead to compression of the capillaries, if they did not pass into those vessels, and thus find a vent.

Prof. N., therefore, is of opinion that *during the whole life a continuous entrance of marrow-cells into the blood takes place, and that these immigrated cells change into colored cells in the capillaries of the marrow. This metamorphosis is completed within the bones, for we find only fully developed blood-cells in the venous blood of bones, as a rule.*

In conclusion, Prof. N. remarks, that the slowness of recovery from losses of blood in the case of the aged, and in very fat individuals, is probably due to a want of reparative material, because in them the red marrow of the bones is, to a great extent, displaced by fatty tissue; moreover, he calls attention to the probability that certain cases of anæmia are due to pathological conditions of the bones.

Those diminutive creatures, the blood-corpuscles, may yet accomplish a revolution in our imperfect science. The Germans are besieging them with a legion of microscopes, and it is to be hoped, will succeed in discovering something of practical importance. Any one who has practiced physic for a few years, will surely join in the prayer that the little light which appears to be faintly struggling from that direction, may not prove to be an *ignis fatuus*. A. A. H.

Prevention of Scarlatina.

Dr. Edwin M. Snow, of Providence, R. I., has the following extremely judicious remarks in a late monthly report.

"The best authorities do not consider scarlatina to be contagious. It undoubtedly spreads through some epidemic influence independent of contagion. It is possible that under some extreme conditions of filth and want of ventilation, it may be infectious, and particularly when accompanied by putrid sore throat. There is no certain preventive known. Belladonna has had this reputation to some extent; but extensive experiments show that it cannot be relied upon. He who shall discover the real cause of scarlatina, and a certain preventive for it, will merit honor and reputation certainly equal to that of the discoverer of vaccination.

"There is a tendency among physicians, at the present time, to attribute many diseases to microscopic spores, or fungi, or animalculæ. There may be some reason for this, though when these are found in the blood and secretions, it is by no means certain whether they are the cause or the effect of the disease. However this may be, it is certain that *carbolic acid* will surely destroy all microscopic life, whether animal or vegetable. If, then, the cause of scarlatina is anything of this description, and there is some reason to think it may be, carbolic acid may be useful as a preventive. I have recommended it, and it has been used to some extent in this city, with *apparently* good results, in the disinfection of rooms where scarlatina exists, and in preventing the spread of the disease. But I am well aware of the universal tendency, in relation to these subjects, to jump at conclusions, and accept them as true upon entirely insufficient evidence. I would not, therefore, offer the experiments already tried as of any value as proof; but would recommend a trial of carbolic acid as a preventive of scarlatina, on account of its well known properties of destroying all microscopical, animal and vegetable life. It is not simply a deodorizer, but is an actual disinfectant, or destroyer of infection, and is the best disinfectant known for general use.

"The best, and only preparation of it for general practical use in the sick room, is the *carbolate of lime*, which is a dry powder of a bright pink color. Let this be kept exposed in the rooms where the children are sick, and in other rooms if desired, in small quantities, just sufficient to make the coal tar odor perceptible at all times. A more agreeable odor of the acid may be made by pouring the solution of the pure acid on dry slaked lime, but this would be much more expensive, and probably not as efficient.

"The carbolate of lime has been used in the same manner, quite extensively, to mitigate the severity of the spasms in hooping cough, and I think the evidence is sufficient to show that it has been found useful for this purpose."

Chlorosis.

Dr. C. H. Bauer, in *Allgem. Wiener Med. Zeitung*, No. 33, 1868, recommends in the treatment of this disease, above all other remedies, the "saccharate of iron," prepared after the formula of Kral. He says that it is more easily assimilated, and does not derange the digestive

organs, as most of the other chalybeates do; the carbonate of iron would also be a very good form of administration if we could get it; but owing to the instability of the combination, we hardly ever get ferri. carb. when we prescribe the article sold under that name. A peculiar effect of the saccharate is its rapid production of animal heat; the previously cold hands and feet soon become warm, the lips and gums red, under its use.

A. A. H.

Retention of Urine.

Dr. J. H. Curtis, of Kansas City, Mo., relates the following singular case in the *Chicago Med. Examiner*.

Kate H., 14 years of age, lives near Wyandott, Kansas; brought to the office September 3, 1868; has pale, sallow complexion; tongue pale, flabby, and heavily coated; pulse regular, and not too rapid; abdomen but very little enlarged, and without tympanitis, and without tenderness or pain. But complains of some pain, with a curious feeling in head; has never menstruated; bowels regular, but without any desire to micturate. There is a very considerable increase of size about the pelvis region, with a spreading of the hips like a woman in the last stage of pregnancy, but without any evidence of dropsical effusion, either in the cavities or cellular tissues. Declares positively she has not voided a drop of urine for four weeks and four days; her statement is corroborated by her mother, who has been with her constantly, watching her closely when she would go out to stool, and asserts it has been absolutely impossible for her to have passed any urine without her knowing it; and for thirty-two days not one drop of water had passed from her as urine. Has been under treatment a number of weeks from three or four doctors in their neighborhood, but without any benefit; catheterism having been tried twice without any result.

I gave her immediately fl. ex. hydrangea, ʒiss., to be repeated every three hours, and to be followed in one and a-half hour with a powder of calomel, grs. xx., to be repeated at the same intervals after each dose of the hydrangea, until the bowels should be well moved. In fourteen hours after she had taken five doses of the fl. ex. and four powders, and before the bowels had moved, after suffering the most intense pain for an hour previous, she passed three and a-half quarts of very clear, colorless urine; the bowels were well moved in an hour or two afterwards, and in six hours she again voided four quarts more of the pellucid-looking water, by which she was entirely relieved. In two weeks complete convalescence was established, by the use of pil. hydrarg. every third night, and the use of nit. potass. and soda bicarb. solution every three hours during the day time.

Ligature of the Carotid Artery, with Statistics of the Operation.

By Dr. A. Pilz. Translated from the German by Dr. M. Pflaum.

The writer knows in all, from private communications and from literature, 676 cases of ligature of the arteria carotis communis, of which he has the detail of about 586 (220 on account of hemorrhage, 86 on account of aneurism, 139 on account of tumors, 70 on occasion of extirpation of tumors, 34 for relief of nervous suffering, and 37 executed according to Brasdor Wardrop) 53-100 recovered, 43-100 died, the result unknown in 3-100. If the fatal cases attributable to incidental occurrences or complications be deducted, the number of deaths will be reduced to 38-100. The greatest mortality followed those ligations which were made on account of hemorrhage (41-100 recovered, 56-100 died) and those made after Brasdor Wardrop (31-100 recovered, 65-100 died) then follow those which were executed for the relief of aneurism and those involved in the extirpation of tumors (63-100 recovered, 35-100 died); the most favorable result followed those which were made for the relief of nervous suffering. Ligatures on account of hemorrhage caused by gun-shot wounds were followed by a mortality of 49-100; by wounds with weapons of war by a mortality of 74-100; by stab wounds of 62-100; by cut wounds, 44-100; by secondary hemorrhage, 53-100; by hemorrhages from tumors and from cauterization 65-100; by later hæmorrhages, 50-100. A consideration of the age of those operated upon, shows that the greatest number of convalescences occur between the age of twenty and thirty, and after this gradually decreases. The dropping off of the ligature took place mostly on the thirteenth and fourteenth day. Now and then occurred mistakes in the diagnosis, especially when the vertebral artery was diseased. In no case was the vagus taken up with the ligature, once the sympatheticus. The arteries had frequently to be religated on a deeper seated place, once even three times, simultaneously with the carotid; also other large vessels had to be ligated, viz., arteria anonym., subclav. vertebral, etc. Experiments performed on animals (especially by Porta) have elicited the innocuity of the closing up of one carotid artery; and also the numerous cases in which the carotis was obliterated, show that the closing up

of this vessel in man can very well be compensated with. From 520 cases of deligation of the carotis, of which the sequels are more accurately given, occurred in 165 (32-100) severe cerebral symptoms, of which 91 (56-100) died; 50 (8-100) were followed by paralysis and paresis: 38 (6-100) died in consequence of the operation; 30 times both the carotids were ligated.

From the preceding it is evident that the ligation of the carotis is a dangerous operation, and in consequence of it only recommendable in extreme cases. Before this is resolved upon, digital compression is to be tried. The cause of the cerebral symptoms is to be looked for in the arterial anæmia combined with venous hyperæmia, and the disturbance in the circulation of the tissues, produced by the forming of the collateral circulation. In consequence of this, before the operation is resolved upon, it needs always to be sure that the other carotis and the subclavian be intact. It is certain, that the deligation of the second carotis, if not too speedily followed upon the ligation of the first, is seldom attended with cerebral symptoms. In case of a stab wound behind the ear, a lesion of the vertebral artery is always to be suspected, and by compression of the carotis has to be ascertained the vascular district from which the hemorrhage originates. Altogether objectionable is the ligation of the carotis, when by this procedure the cutting off of the nourishing supply to a neoplasm is intended. In case of orbital aneurism, which often occurs spontaneously, especially in the female sex, can a cure be expected by the application of the ligature to the carotis, after unsuccessful digital compression. For the cure of idiopathic epilepsy, the ligation of the carotis ought never to be undertaken; compression is in these cases of at least temporary benefit. The ligation of the carotis on account of *tic douloureux* is not inadmissible according to the statistics of the operation in such cases, but theoretically injudicious and not recommendable. On the other hand is the Brasdor Wardrop method of great merit in cases of fully recognized aneurism of the arteria anonyma after an unsuccessful trial of Valsalva's method.

Danger of Giving Strong Doses of Camphor.

A case illustrating the above has recently been brought under the notice of the Société de Médecine et de Pharmacie de Grenoble. An enema consisting of five grammes of camphor dissolved in the yolk of an egg, was given to a child three years of age, suffering from typhoid fever. Symptoms of poisoning at once manifested themselves; convulsions, lividity of the countenance, stupor arrest of the urinary secretion, etc. The employment of coffee sufficed to restore the child.

Poisonous Dyes.

The following, from the pen of Mr. Wanklyn, Professor of Chemistry in the London Institution, is found in the *British Medical Journal*. The danger arising from wearing next the skin articles of clothing impregnated with poisonous dyes is a much graver matter, in comparison with which all the risks run by persons who dye their hair sink into insignificance. The brilliantly colored socks, flannel shirts, etc., which are now so very common, are a source of danger; for the risk of absorption of poison from a shirt is in itself much greater than the risk of absorption of poison from the hair of the head, and the wearing of colored shirts is an infinitely commoner thing than the use of hair-dye is ever likely to become.

The coal-tar dyes, to which we are indebted for the brilliant colors of the garments in question, are poisonous. Magenta, the well-known red dye—which is, moreover, the basis of beautiful violets and blues, that are prepared from it by well-known processes—is of arsenical origin. All the magenta made at the present time, and, with a very insignificant exception, all the magenta which has ever been manufactured, is a product of the action of arsenic acid on commercial aniline. At first, and, indeed, even when the manufacture had become largely developed, the dye was sent into the market in a highly arsenical condition. In 1863 I examined beautiful crystals of magenta, samples of the dye produced by a very large continental firm, and found them to contain something like twenty-five per cent. of arsenic acid. Many tons of solid dye, such as that which I analyzed, found their way into the market. At the present time, it is unlikely that much magenta of this quality is manufactured; but it is in the highest degree improbable that any magenta is quite free from arsenic, and more than probable that some of the varieties which are manufactured contain a very considerable quantity. In fine, we are justified in regarding fabrics which are dyed with magenta as having been more or less impregnated with arsenic. On the other hand, it will be urged that there can be no absorption of arsenic from a fabric dyed with magenta, inasmuch as the arsenic is chemically combined with the dye-stuff, which, with the fibre colored by it, constitutes an insoluble compound, and is, therefore, out of the reach of the process of absorption. Unfortunately, however, magenta fades, and is fugitive; it is, in fact,

one of the least permanent of all the coal-tar colors; and, as the organic part of the dye decays, the arsenic will be set at liberty, and presented in a form most suitable for absorption. In addition to the possibility of arsenical poisoning from the employment of coal-tar colors, there are other varieties of poisoning to be apprehended. The organic part of these new dyes is unquestionably more or less poisonous. One of the yellow dyes, in particular, is said to be an irritant of a most formidable character. On this subject, and with the object of opening the eyes of the public, I cannot, perhaps, do better than quote what has been said by a manufacturer when reproached with the poisonous nature of his dyes: "They are not more poisonous than arsenic." As a set-off against the fact that the dyes are powerfully poisonous, must be placed the equally certain fact, that the quantity of dye-stuff taken up by a shirt is very small. Whilst deprecating any degree of public excitement on this subject, I would urge the necessity of having the whole subject investigated. Possibly the result of investigation may be, that the risk of sock and shirt-poisoning is small, something like the risk of railway-travelling; possibly, however, the reverse; and possibly we may have to abandon the use of the coal-tar dyes for the coloring of such articles of clothing as are to be worn in immediate contact with the skin.

Reviews and Book Notices.

NOTES ON BOOKS.

It is a fact worthy of note that the new year has so far, brought but one new medical periodical to our table—an evidence, we doubt not, of the stringency of the times. The periodical is the "*Clinico-Pathological Reporter.*" Phœbus! what a name! But then the—place?—town?—city?—Jefferson, Texas—that sends it forth, rejoices in the possession of newspapers with such euphonious titles as "*The Jimplecute*" and "*The Jefferson Kuklux!!*"—so that on the whole we will not complain. The *Reporter* is a single folio sheet and contains medical reports, chiefly, so far, of local importance. We are glad to observe in it the announcement of the formation of a medical society. This, and the publication of the paper, are both indications of progress. We heartily wish both success.

Hance, Griffith & Co., of this city, send us a neat little pocket manual entitled "*Physicians' Medical Compend and Pharmaceutical Formulæ.*" It is compiled by Edward H. Hance. It contains Preparations and Formulas, a list of the materia medica, a classified list of medicines, poisons and antidotes, and other tables of value.

T. S. Arthur, Son & Co., of this city, send us the January, February and March numbers of a very elegant addition to their list of serial publications. "*Once a Month*" is neat typographically, neat in form and neat in contents. It is made up of articles both original and selected, the original very original, and the selected very select. "While the lightness of a mere story-magazine will be avoided, the editors will as carefully avoid the heaviness of political, financial and polemic discussion. Fresh, racy, instructive, curious, progressive and imaginative articles will only be published." *Once a Month* is a 16mo of 96 pages, double columns; $2 a year in advance, $1.50 when taken with the Reporter.

Dr. Moorman is preparing a second edition of his work on Mineral Springs. It will appear in a month or two, and will have a number of additions and improvements.

A History of the Medical Department of the University of Pennsylvania, from its foundation in 1765. With Sketches of the Lives of Deceased Professors. By Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, Member of the American Philosophical Society, etc. Philadelphia: Lindsay & Blakiston, 1869. Pp. 257. *Price*, $3.00.

Many besides the alumni of the Medical Department of the University of Pennsylvania will welcome this book. It is an elaboration of Prof. Carson's Centenary address in 1865, delivered at the request of the Faculty as the opening address of the course that year. The book is of great interest and value, and is worthy of an extended circulation, and will, without doubt, find it among the numerous graduates of the old University. We are sorry there are no embellishments in the work, pictures of the old university buildings, which will undoubtedly soon yield to the march of time, and portraits of some, at least, of the more prominent men in the history of the institution.

A New York Advertisement.

"If you want a really unsophisticated family pill, buy Dr. ———'s Liver-Encouraging, Kidney-Persuading Silent Perambulator, 27 in a box. This pill is as mild as a pet lamb, and as searching as a small-tooth comb. It don't go fooling about, but attends strictly to business, and is as certain as an alarum clock."

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 20, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

DUTIES ON DRUGS.

The following petition to Congress, to remove the duty from *foreign crude drugs*, is a move in the right direction, and ought to receive the cordial support of the entire profession. We perceive it is signed by many of the leading practitioners and professors in Washington City, and, we understand, has been favorably received, but owing to a great pressure of other matters, however, it is uncertain whether it passes both Houses of Congress the present session. It has, we understand, the support of the head of the Treasury Department, Mr. McCulloch, and Mr. D. A. Wells, Assistant Commissioner of Internal Revenue.

It was brought before the House, and on January 22, 1869, was referred to the Committee on Finance, and ordered to be printed. It is dated Jan. 10, 1869, and reads:

Article.	*Present Duty.*
Peruvian, Lima, Calisaya, and all other cinchona barks	40 per cent.
Rhubarb	50 cts. per lb.
Aloes	6 cts. per lb.
Jalap	50 cts. per lb.
Sarsaparilla	20 per cent.
Senna	20 per cent.
Squills	12 cts. per lb.
Ipecacuanha	50 cts. per lb.
Gum guaicum	20 per cent.
Camphor	50 cts. per lb.
Assafœtida	20 per cent.
Cantharides	50 cts. per lb.
Gamboge	10 cts. per lb.
Myrrh	20 per cent.
Hyoscyamus	20 per cent.
Conium (leaves)	20 per cent.
Buchu (leaves)	40 per cent.
Cubebs	10 cts. per lb.
Colocynth	40 per cent.
Belladonna (leaves)	40 per cent.

It is not proposed, nor is it desirable, that the duty on the foreign preparations of the above drugs should be removed, such as solid and fluid extracts, tinctures, pills, etc., as it is believed this would only serve to stimulate still more their adulteration by foreign dealers and manufacturers, and thus render it still more difficult than at present to obtain genuine drugs and medicines.

It is endorsed fully and strongly by Surgeon-General J. K. Barnes, U. S. A., and Surgeon P. J. Horwitz, Chief of Bureau of Medicine and Surgery, U. S. N. We sincerely add our best wishes to this meritorious petition.

THE MEDICAL LAW IN OHIO.

Our correspondent in Tuscarawas, Ohio, Dr. Oppelt, sends us the following copy of the law regulating the practice of medicine in Ohio.

"*Section* 1. Be it enacted by the General Assembly of the State of Ohio, that it shall be unlawful for any person within the limits of said state, who has not attended two full courses of instructions, and graduated at some school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, or attempt to practice medicine, or prescribe medicine or medines, for reward or compensation, for any sick person within the said state of Ohio; provided, that in all cases when any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, they shall be allowed two years to comply with such provisions.

"*Section 2d.* Any person living in the state of Ohio, or any person coming into said state, who shall practice medicine, or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operations upon any person within the limits of said state, in violation of section 1 of this act, shall, upon conviction thereof, be fined not less than fifty nor more than one hundred dollars for such offence, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail in the county in which said offence shall have been committed for the term of thirty days, and in no case wherein this act shall have been violated, shall any person so violating receive a compensation for services rendered, provided that nothing herein contained

shall in any way be construed to apply to any person practising dentistry.

"*Section 3d.* This act shall take effect and be in force, on and after the first day of October, of 1868."

Our correspondent justly remarks that this act is deficient in several respects. It allows a man who has practised medicine ten years without any certificate of ability, to continue his business, no matter how unfit. "I know a man," says Dr. O., "who has practised ten years, that was attending a woman in labor, whose pains began to decrease in force, become frightened, and take his pocket knife and thrust into the child's cranium just above the eye; and while he was getting a steelyard hook to hook it out the pains increased and the hook was not needed. He made the parents believe that the child could never have been born if he had not used the knife. The child is several years old, but blind in one eye."

Such a case is a conspicuous example of the astounding ignorance and brutality of some men calling themselves doctors.

A MEDICAL MUSEUM AND LIBRARY.

We are glad to notice a movement on the part of the Philadelphia County Medical Society, to found a Museum and Library. The idea was suggested in the address of the President, Dr. W. L. Knight, and at the regular meeting on the 10th inst., the following Committee was, on motion of Dr. Atkinson, appointed to take the subject into consideration: Drs. D. Francis Condie, John Bell, St. Clair Ash, A. H. Fish, and H. Lenox Hodge. We trust that the matter will not be allowed to rest by the Committee, but that it will take practical shape, and that speedily. We would suggest a sub-committee visiting New York, and witnessing the workings of the Mott Memorial Library, and the Medical Journal Association.

Recent French Researches.

Among the most important awards of the Academy of France this year are a sum of £20 each to Dr. Legros D'Antressor, for his "Recherches sur le Traitement des Affections Scrofulaires et Tuberculeuses, et Spécialement de la Phthisie Ganglionnaire Bronchique;" to Dr. J. Besnier, for his "Recherches sur la Nosographie et le Traitement du Choléra Epidémique, considéré dans ses Formes et ses Accidents Secondaires;" to MM. Prevost and Cottard, for their "Etudes Physiologiques et Pathologiques sur le Ramolissement Cérébral;" to Dr. Larcher, for his "Pathologie de la Protuberance Annulaire."

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

We will commence by giving some

Anodynes Employed against Neuralgia.

Brown-Séquard.

R.	Extracti belladonnæ,	gr. 1-6
	" stramonii,	gr. 1-5
	" cannabis indicæ,	gr. 1-4
	" aconiti,	gr. 1-3
	" opii,	gr. 1-2
	" hyoscyami,	gr. 3-4
	" conii,	gr. j.
	Glycyrrhizæ pulvis, q. s.	
	For one pill.	

According to circumstances, Brown-Séquard gives, without producing any great disturbance, three, four, and even five pills in a day, and, sometimes, in about eight or ten hours, for the relief of neuralgic or other pains. There must be, therefore, some influence exerted by some of these substances upon the others, diminishing their bad, and not their good effects.

Prof. S. D. Gross.

R.	Quinæ sulphatis,	gr. ij.
	Morphiæ sulphatis,	gr. 1-20
	Strychniæ,	gr. 1-30
	Acidi arseniosi,	gr. 1-20
	Extracti aconiti,	gr. 1-2
	For one pill.	

To be taken three or four times a day. Add two grains of sulphate of iron, if the system be anemic. This pill is useful in a great variety of cases of neuralgia. Its effects should, of course, be carefully watched.

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* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M.D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Dr. J. M. Da Costa.

℞. Potassii bromidi, gr. xx.
Succi conii, ℥ xxx.
Aquæ cinnamomi, f.℥ ij.
For one dose.

To be taken three times a day. Useful in epileptiform neuralgia.

Hypodermic Injection.—Brown-Séquard.

℞. Morphiæ sulphatis, gr. 1-2—2-3
Atropiæ sulphatis, gr. 1-25

For one injection, in gtt. xxx. of distilled water. The doses Brown-Séquard at first employed were ½ gr. of the sulphate of morphia to 1-60 gr. of the sulphate of atropia. He now employs those given above, the antagonistic effects of morphia and atropia on the brain rendering it possible, while securing the good effect against pain of the two remedies, to use safely, or at least without great or lasting cerebral or cardiac disturbance, large doses of these narcotics.

Tilt states that the initial hypodermic dose of morphia (used alone) for a woman should not exceed ½ gr. (the acetate is the salt he prefers); and that of atropia should not exceed 1-100 gr. In combination, ½ gr. sulphate of morphia with 1-30 gr. of sulphate of atropia.

Ruppaner gives the minimum dose of morphia as gr. ½, the maximum, gr. ¾; the minimum dose of sulphate of atropia, gr. 1-60, the maximum, gr. 1-30.

Hunter's (Dr. Chas., of London,) rule is never to use in the first injection more than one-half the stomachic dose for males, and not more than a third for females.

Ointment.—Dr. J. M. Da Costa.

℞. Aconitiæ, gr. 1-4—j.
Veratriæ, gr. xv.
Glycerinæ, f. ℥ij.
Cerati adipis, ℥vj. M.

To be rubbed in over the painful part, care being taken to see that there is no abrasion of the skin.

Prof. Gross sometimes employs veratria ointment in cases of neuralgia, of the strength of ℥j. to ℥j.

Ointment.—Dr. Edw. John Tilt.

℞. Atropiæ sulphatis, gr. ij.
vel
Morphiæ sulphatis, gr. x.
Glycerinæ, f.℥ss.
Olei neroli, gtt. iv.
Ung. glycerinæ, ℥j. M.

To be rubbed into the skin twice a day.

Liniment.—Tilt.

℞. Atropiæ sulphatis, gr. iv.
Morphiæ sulphatis, gr. viij.
Olei rosæ, gtt. ij.
Alcohol, f.℥ss.
Olei olivæ, ad. f.℥iv. M.

To be shaken before used.

Oil is better than glycerine as a constituent of liniments. It is to be observed in writing for the above prescriptions, that sulphate of atropia is an expensive drug, but it is much more elegant than the extract of belladonna in an ointment or liniment.

Rectal Suppository.—Tilt.

℞. Extracti opii, gr. j.
" belladonnæ, gr. 1-2

For one suppository.

To be made round, coated with cocoa butter, and well introduced into the bowel with the finger at night. Either the opium or the belladonna may be replaced by ext. of hyoscyamus, gr. iij. or ij.

[To be continued.]

Rheumatism.

Subacute and chronic rheumatism is most happily influenced by the following combination:

℞. Potass. iod., ℥ij.
Vin. colch. rad, f.℥ij.
Tinc. guaiac ammoniat., f.℥iij.
Ext. belladonnæ, gr. iij.
Aquæ cinnam., f.℥iij. M.

Sig. A tablespoonful in water ter die.

The Brooklyn Central Dispensary.

We are glad to learn that this worthy charity is doing a good work among the poor, but regret to hear that it is in great need of funds to carry on its beneficent operations in dispensing medicines to the poor. Its work is done quietly and noiselessly, and therefore does not attract much public attention. It is charity thus dispensed that is recorded in heaven. "Let not thy left hand know what thy right hand doeth." Every dollar given to this Institution pays the giver double. The Trustees and Physicians connected with the Dispensary give their time and labor free of charge, and the least citizens can do is to supply the means for purchasing medicines. Much of the present prosperity and usefulness of the institution is due to the untiring energy and perseverance of Dr. J. J. Caldwell.

Singular Accident.

On January 17th, Mr. Harrison Treibley, residing in Pottsville, Pennsylvania, awoke about one o'clock with a choking sensation, and it was discovered that a silver dental plate, about two inches in diameter, with two teeth attached, had passed into his throat. He was unable to speak, and every effort caused the plate to descend still further. During the day and night his sufferings were intense, but the next day it had passed into his stomach. His

sufferings were thereby much lessened, although still severe. Toward the latter part of the week his sufferings increased, with spitting and vomiting of blood. This continued until Sunday morning, January 24th, when death ensued.

A *post mortem* examination was made on Monday by Dr. John T. Carpenter, assisted by Drs. James S. Carpenter and Charles T. Palmer. Considerable quantities of suffused blood were found in the stomach, but, singular as it may seem, no trace of the plate or teeth could be found, either in the stomach or intestines. The only conclusion which could be drawn from this was, that it must have passed through and been voided with the excrements from his body; yet the statements of the family are that these were carefully examined, without finding any parts of the same.

Correspondence.

DOMESTIC.

Attempted Suicide with Opium.

Editors Med. and Surg. Reporter:

As accidental or intentional poisoning with opium is becoming quite frequent all over the country, and the results of treatment seem to vary, I have thought it would not be improper to report a case that recently occurred in our town.

About 5 o'clock, P. M., Feb. 6th, H. B., a stout muscular young man, aged about 26 years, of intemperate habits, after a drunken bout of a week's duration, took f.ʒij. of the tincture of opium, for the purpose, as he stated, of "putting an end to a weary life." He immediately made known to the persons present what he had done, but refused all efforts for his relief. At 6 P. M., he complained of feeling drowsy and sick, and requested the proprietor of the saloon in which he was to assist him out on the sidewalk to the open air, which was done, and Dr. C W. Jenner sent for, who soon arrived, and administered an emetic which failed to act. The Doctor then attempted to use the stomach pump, but failed, as the man was now working in convulsions. He then gave him strong coffee, with ext. belladonna in divided doses, until five grains were given. At half-past seven P. M., the doctor's efforts seeming to be of no avail, as manifested by the patient having fallen into a state of profound coma; his case was pronounced hopeless, and he was given over to the cold charities of the world, and allowed to remain another hour on the street, as no one would so much as give him shelter, the unfortunate man being homeless and friendless. Finally a few members of the Relief fire company kindly took him up and conveyed him to their engine house located near my office. At this time, half-past eight P. M., three hours and a half after the laudanum was taken, I was called to see him. I found his condition that of complete narcotism. Pupils contracted, eyes fixed and totally insensible. Respiration slow, irregular and stertorous. Pulse almost imperceptible and irregular. Skin cold, muscular system relaxed. Deglutition impossible. Not being able to procure any atropia, I administered fluid extract of belladonna subcutaneously at short intervals until f.ʒij. were used. At 11 P. M., no effect of the belladonna was indicated by the pupil. Respiration had almost ceased, but was kept up artificially. At half-past eleven, one grain of atropia was placed far back on the tongue by Dr. Jenner. At half-past twelve A. M., a slight dilatation of the pupil was perceptible, and at 1 A. M., he was dragged about the room, cold water dashed in his face, and at 2 A. M., he showed some signs of consciousness; and at 4 A. M., was convalescent, but was kept moving almost constantly for two hours longer, as he immediately sunk into a complete state of coma, if left to himself. His recovery, with simple treatment, was complete. The result of this case seems to prove that belladonna will neutralize the effect of opium,—and *vice versa*—and should be made known to the profession,—lest some timid one, influenced by the opinion of Harley and others, "that opium and belladonna, administered either combined or separately, intensify each others action;" should allow some valuable life to be sacrificed, and an individual lost to society and friends.

P. B. Young, M. D.

Crestline, Ohio, Feb. 10th, 1869.

Poisoning by Aconite.

Editors Medical and Surgical Reporter:

Allow me, through your highly creditable journal, to bring before the profession a case of poisoning from tr. aconiti rad., which may prove of service hereafter, a similar case occurring.

Mr R., a medical student, intending to take a dose of tr. rhei, for constipation, took through mistake, a swallow of tr. aconite rad. and immediately sat down and ate a hearty dinner, feeling none of its effects. Soon, however, epigastric uneasiness began to manifest itself, and a sense of tingling and numbness extending more or less over the whole body, which occasioned him some alarm and caused him to examine the contents of the bottle from which he had taken his

draught when, to his horror, it was clearly manifest that he had taken the above-mentioned poison to the amount of three or four hundred drops.

Dr. Cameron, of Huntington, P. Q., Dominion of Canada, whom I was called to assist, arrived about four hours after the poison had been introduced, the patient, in the mean time, attempting to produce vomiting, but not using sufficiently active emetics, in a great measure failed, and after racing around in the house in terror and confusion till exhausted, threw himself upon a bed, commanding his assistants to use friction and keep it up till medical assistance was obtained.

Dr. Cameron, who arrived some time before myself, informed me that on his arrival no pulse was perceptible, and only a faint cardiac pulsation could be obtained through the means of the stethoscope.

Upon my arrival the condition of the patient was as follows: pulse 84, small, jerking and somewhat irregular, intense burning sensation in the mouth, fauces, œsophagus and stomach. Yet very little tendency to vomiting; also symptoms of severe nervous disturbance, such as violent headache, giddiness, tingling and prickling, resembling the effects of opium; numbness, sensibility impaired, loss of muscular action, alternate contraction and dilatation of the pupil, and in short general nervous prostration with great tendency to sleep. Spasmodic movements resembling convulsions were also quite common, and from three to five well marked convulsions were manifest; consciousness being retained, however, principally throughout the whole action of the medicine, some few hallucinations manifesting themselves, such as imagining his head was three times its original size, etc.

In the treatment of the case it was decided that nearly all of the poison had entered the circulation and that stimulation afforded the best chance for recovery. Brandy was therefore given in tablespoonful doses every fifteen or twenty minutes, which the patient bore splendidly; camphor sol. and brandy freely applied to the surface by friction, the bowels moved by enema, mustard pastes over the epigastrium. After diligently and carefully carrying out the above treatment for ten or twelve hours, we had the pleasure of pronouncing our patient out of danger.

No doubt, in my mind, but the brandy freely given, and the prevention of sleep till the effects of the poison had worn off, saved the man's life.

J. P. Morrison, M. D.

Chateaugay, Franklin co., N. Y.

Bromide of Potassium in Asthma.

Editors Medical and Surgical Reporter:

In your issue of January 23d, I notice an extract taken from the *American Journal of Obstetrics*, written by Dr. B. F. Dawson, Lecturer on Uterine Pathology in the Medical Department of the University of New York, where he had made use of bromide of potassium in a case of *laryngismus stridulus*, and of its happy effects. Having a case of obstinate asthma on hand just at that time, (which was somewhat of a periodical character, attacking my patient every evening, however at no precise hour,) I determined at once trying the potassium in this case. I prepared a solution of five grains to the teaspoonful of water, directing that quantity to be taken hourly, commencing at 3 P. M., until five doses were taken. The first evening the severity of the attack was much mitigated, the second still more, and the third evening the attack was missed altogether. The medicine was, however, continued a few nights afterwards, and my patient is now in comparatively good health.

P. H. Pennsyl, M.D.

Bloody Run, Pa., Feb. 8th, 1869.

Vertical Dislocation of the Patella.

Editors Med. and Surg. Reporter:

In the Reporter for December 19th is an account of a case of vertical dislocation of the patella, by Dr. Samuel Rittenhouse. I had a similar case about three months since. A colored cavalry soldier while riding his horse came in violent collision with another mounted man. He dismounted and finding that he was unable to walk, was carried by some comrades to his tent, and I was sent for. Upon examination I found his left leg extended and all motion of the knee-joint prevented by the patella, which was tilted upon its outer edge, the anterior surface looking outward. The patient was suffering severe pain in the joint.

I immediately brought him under the influence of chloroform and flexing the thigh upon the pelvis, I grasped the patella in my right hand, and the ankle with my left. Then at the same moment I flexed the leg upon the thigh with my left hand and tilted the patella over to its place with the right.

The reduction was accomplished very easily, the bone coming to its place with a loud snap. An hour after, the man was walking around without pain or inconvenience, and continued to perform all his military duties as usual.

George M. Sternberg, M. D.,
Ass't. Surg. and Brev't. Maj., U. S. A.
Camp Supply, Ind. Ter., Jan'y 18th, 1869.

News and Miscellany.

The Good Physician.

The *Western Journal of Medicine* we believe it is that reproduces this item from Fuller's "*Holy and Profane State.*"

"The Good Physician hansels not his new experiments on the bodies of his patients, letting loose mad *recipes* into the sick man's body, to try how they and nature will fight it out, while he stands by and enjoys the battle—except in desperate cases, when death must be expelled by death. Lest his apothecary should oversee, he oversees his apothecary. He trusteth not the single witness of the water, if better testimony may be had. The reasons drawn from the urine alone are as brittle as the urinal. He brings not news, with a false spy, that the coast is clear, till death surprises the sick man. I know physicians love to make the best of their patient's estate; first, say they, it is improper that *adjutores vitæ* should be *nuncii mortis*; secondly, none, with their good will, will tell bad news; thirdly, their fee may be the worse for it; fourthly, it is confessing their art beaten; fifthly, it will poison their patient's heart with grief. So far well; but they may so order it, that the party may be informed wisely, and not ousted of this world before he is provided for another."

The Insane.

Mrs. Leonard, an insane woman, confined in jail at Flint, Michigan, set her clothes on fire on Friday night and was burned to death.

St. Louis, Feb. 7.—A man named Horter, living on the outskirts of Hannibal, Mo., murdered his daughter, aged 10 years, yesterday, by strangling her with a strap. He then cut her body in two, tore out her heart and cut it open, and swallowed the blood. He was arrested, and when questioned, proved to be insane.

Chairing a Woman Doctor and a Prima Donna!

The Medico-Chirurgical Academy at St. Petersburg conferred, at its recent annual conference, the degree of M. D. upon Mme. Kaschewarow, the first female candidate for this honor who had presented herself before them. When her name was mentioned by the Dean, it was received with an immense storm of applause, which lasted for several minutes. The ceremony of investing her with the insignia of her dignity being over, her fellow-students and new colleagues lifted her upon a chair, and carried her with triumphant shouts through the hall. At this moment, Mme. Lucca, the prima donna, was espied among the audience, and such was the students' fickleness, that the lady doctor had to yield her elevated seat to the popular singer. The latter not only remained in undisputed possession of the extemporized throne, but was carried upon it to her carriage, while the new doctor had to find what comfort she could in her diploma!

Rejection of Drugs.

The Examiner of Drugs in New York reports the following rejection of drugs for want of strength and purity:

Centaury minor,	1 bale.
Bark, Peruvian,	235 bales.
Leaves, Buchu,	1 bale.
" Poppy,	1 "
" Senna,	9 bales.
Root, Ipecac.,	5 packages.
" Jalap,	33 "
" Lereistica,	1 "
" Liquorice,	22 bales.
" Rhapontica,	1 bale.

Not Admissible by Law.

Root, Rhubarb, E. I.,	58 cases.
" " French,	1 case.
" " English,	1 "
" Sarsaparilla,	140 cases.
" Valerian,	3 "
Sugar of milk,	2 " impure and damaged.

A "Political Doctor."

One of the physicians of Burlington, Vermont, driving into town on election morning was met by a friend who hailed him with the question, "Have you voted?" "Not yet," replied the doctor; "but I have been out all night after a voter. I got him safe, too." "When will he vote?" "O, about twenty one years from now."

——It is announced in Italy, that Professor Semmola has presented the project of an official Italian Pharmacopœia to the committee entrusted with the care of drawing up a new sanitary code. It can scarcely be imagined how a civilized country, where medicine is in so advanced and flourishing a condition, can dispense with such an essential requirement.

—— Dr. Elijah D. Harmon, of Bennington, Vt., died at Chicago on the 3d inst. He was born in Bennington on the 20th of August, 1782, and was, consequently, in his eighty-seventh year at the time of his demise. At the age of twenty-four, in 1806, he went to Bennington, Vt., and engaged in the practice of medicine, and he was an Assistant Surgeon in McDonough's fleet at the battle of Plattsburg.

—— A new effect of the administration of chloroform was pointed out by M. Hurteloup at a recent meeeting of the Chirurgical Society of Paris. A woman who had been chloroformised was seized, on awakening, by a fit of sneezing, which lasted continuously during a quarter of an hour. M. Hurteloup believes that in cases of autoplastic operations on the face, this may constitute an inconvenience, on account of the difficulty of maintaining the sutures of the autoplastic flaps.

—— Dr. Stevenson Macadam, Lecturer on Chemistry, Surgeon's Hall, Edinburgh, has made arrangements to take his students to the principal chemical manufactories for practical illustrations of his lecture. He lately accompanied his class to the Armiston coal-field and the water-collecting district in the Pentland Hills.

—— A compiler of the statistics of social life in Paris has calculated that the number of children in the highest ranks of the aristocracy of Paris (to every family) is only two, while in the bourgeoisie every family has on an average five children, and the proportion of children in the lowest classes of society is still greater.

Army and Navy News.

Navy News.

List of changes, etc., in the Medical Corps of the Navy during the week ending February 13th, 1869.

Passed Assistant-Surgeon H. M. Rundlett, resigned.

Passed Assistant-Surgeon E. B. Bingham, ordered to the Naval Hospital, Philadelphia.

Passed Assistant-Surgeon James N. Hyde, detached from the Naval Hospital, Washington, and placed on waiting orders.

Assistant-Surgeon Abel T. Price, detached from the Receiving ship Potomac, Philadelphia, and ordered to the Naval Hospital, Washington, D. C.

Assistant-Surgeon H. J. Babin, ordered to the Receiving ship Potomac, Philadelphia.

Surgeon J. H. Tinkham, detached from the U. S. S. Canandaigua, and placed on waiting orders.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Boyce—Keline.—Jan. 14, at the residence of the bride's mother, Bolivar, Ohio, by Rev. A. R. Smith, Dr. S. F. Berger, formerly of Wellsville, Ohio, and Miss Lucinda Keline.

Champion—Jones.—On the 2d inst., at the residence of the bride's father, by the Rev. Mr. Burt, Dr. C. S. Champion and Miss Rachel C., daughter of Thomas B. Jones, Esq., all of Woodstown, N. J.

Gilman—Richman.—At the house of the bride's father, Feb. 4, by Rev. E. Green, Uriah Gilman, M. D., and Miss Kesiah Richman, the former of Woodstown, and the latter of Richmanville, N. J.

Jordan—Hazlet.—On Thursday evening, Feb. 4, by the Rev. W. T. Sabine, W. C. Jordan, M. D., and Mary A. Hazlet, all of this city.

Mealy—McCarroll.—Jan. 27th, at the residence of Mr. Hugh McCarroll, by Rev. L. Grier, assisted by Rev. John M. Mealy, George N. Mealy, M. D., of Tyler co., and Miss Mary M. McCarroll, of Ohio co., W. Va.

Stevens—Reese.—On the 28th of January, 1869, by Friends' ceremony, at the residence of the bride's uncle, Vanleer Eacker, in Radnor, Delaware co., Pa., Thad. M. Stevens, M. D., of Indianapolis, Ind., and Lizzie F., daughter of George Reese, of Harford co., Md.

DIED.

Schaforth.—Dr. Ernest Schaforth, a German physician of South Bethlehem, Pa., was killed by falling into an open cellar on Wednesday night, Feb. 10th.

WORDS OF CHEER.

Dr. J. C. P., of Illinois, says:

"It seems to me I have derived more information from the July number of the Compendium (No. 2) than from any book of the size I have ever read."

ANSWERS TO CORRESPONDENTS.

Drs. M. & T., of Texas.—Remittance all right, and Meigs' address sent.

Dr. T. J. G., of Ind.—We do not commute with the *Phrenological Journal*, but can order it for you from the publishers at full price.

Dr. E., of Ills.—We prefer Bethel's obstetric forceps, but probably each physician has his own pet.

Dr. J. R., of Pa.—We are not able to obtain a copy of the certificate of membership of the Society to which you allude. It does not, so far as we know, issue such.

Dr. J. G. W., of Pa.—"Who has published the best work on the Inhalation of Medicines?" Dr. J. Solis Cohen, in this country.

"What is the best treatment for prurigo senilis after exhausting all ordinary remedies, both local and constitutional?" Send your patient to a mineral spring. More than that we do not know.

Dr. F. A. S., of Mo.—An æsthesiometer is an instrument to indicate the least distance at which two points can be distinguished on the surface of the body, and hence it measures sensation.

METEOROLOGY.

February.	1.	2.	3.	4.	5.	6.	7.
Wind	N. W.	N. E.	N. E.	N. W.	W.	N. W.	N.
Weather	Clear.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Snow	Cl'dy. Snow.	Clear	Clear
Depth Rain			t. & l. 1 in.	& r'n. 1-10			
Thermometer.							
Minimum	17°	15°	27°	29°	11°	12°	21°
At 8, A. M.	28	27	40	30	26	33	33
At 12, M.	34	33	42	34	27	45	38
At 3, P. M.	32	38	42	34	28	40	39
Mean	27.75	27.	37.75	34.	23.	32.50	32.75
Barometer.							
At 12, M.	30.2	30.3	29.3	29.	29.5	30.	30.2

Germantown, Pa. B. J. Lendon.